

Las Vegas Grammar School (Fifth Street School)
Event Special Guest and Historic Item
Contact Information Sheet

Please Print Legibly. Complete the form below and mail to:

City of Las Vegas
Office of Business Development
400 Stewart Ave., Second Floor
Las Vegas, Nevada 89101
Attention: 5th Street School Alumni

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

What was your role in Fifth Street School? Student___ Teacher___ Other___

What year or years did you attend or work at Fifth Street School? _____

If student, please list your favorite teacher (s).

What was your most memorable experience while attending Fifth Street School?

Do you have any memorabilia or pictures you would like to share with us?
(Please list items)

Are you willing to be interviewed regarding your Fifth Street School experience?

Yes___ No___

Please pass this form and information on to other Fifth Street School Alumni.